

## INSTRUCTIONS for MEALS & RENTALS LICENSE APPLICATION

- Line 1 Print/Type Business Name - One (1) letter per block; leave empty block between words.
- Line 2 Print/Type Corporate Name, Partners Name's, or Proprietor's Name - One (1) letter per block; leave empty block between words.
- Line 3 Print/Type mailing address - One (1) letter per block; leave empty block between words; abbreviate when possible.
- Line 4 Print/Type city or town, state and zip code.
- Line 5 Check the type of legal organization.
- Line 6 Print/Type the Federal ID Number. If applied for, enter "Applied for" and notify the Department when received.
- Line 7 List the names, titles, social security numbers and home addresses of the individual owners (Proprietorships), Partners (Partnerships), Members and Managers (Limited Liability Companies) and President and Treasurer and anyone else in a managerial capacity (Corporations).
- Line 8 Provide the business and home telephone numbers.
- Line 9 Print/Type the actual address where the business is located. For example, "1 Main St., Manchester, NH" or "mobile vending truck, Portsmouth, NH".
- Line 10 Enter the proposed opening date of the business. NOTE: This license is required prior to operating.
- Line 11 Type of business activity. (For example, hotel, inn, restaurant, tavern, club, motel, dairy bar, ski area, rental vehicles, cottage, food and beverage vending machines, mobile lunch truck, store, service station, rental agent and caterer).
- Line 12 If this is a seasonal business indicate the months it will be operated. If the operator desires to file tax returns on a seasonal basis, that is, less than twelve returns per year, check the appropriate block. Monthly filing will be required unless seasonal permission is granted. A return will be required for each month of the filing status, whether there is tax due or not.
- Line 13 In case of change of ownership or change in name of business - provide the name the business previously operated under and the name of former owner(s).

**Incomplete applications are returned to the applicant and will result in a delay in issuing. Some common omissions/errors are:**

- |   |   |
|---|---|
| * Application is incomplete or illegible. | * The \$5.00 fee has not been included.   |
| * The application has not been signed.    | * The owner's Name (No.2) in the case of a corporation is the Corporate name, not the President's name. |
| * ACH Debit Authorization incomplete      |   |

## - INSTRUCTIONS for ACH DEBIT AUTHORIZATION FORM -

**Note: any reference to bank means any Financial Institution**

- 14 **Bank Name.** The name of the bank where the account is located.
- 15 **Bank Routing/Transit Number.** The number assigned to your particular banking institution.
- 16 **Name on Bank Account.** The name in which this account is held (i.e. business name, personal name, etc.).
- 17 **EIN/SSN on Bank Account.** The identification number on this bank account.
- 18 **Bank Account Number.** The account number assigned to your particular account.
- 19 **Account Type.** Check whether a checking or statement savings account.
- Signature:** The signature of the person who is certifying the application information and is authorizing the ACH Debit on this account. (Note: this person must be an authorized signatory on the account.)
- Title:** The title of the person who certified the application and authorized the ACH Debit on this account.
- Date:** The date which this authorization is given.

# State of New Hampshire

## Department of Revenue Administration

Application for Meals & Rentals Tax Operators License (RSA 78-A:4)  
and ACH Debit Authorization Form

### LICENSE REQUIRED BEFORE OPERATING

- Be sure to read instructions on reverse side before filling out this form
- Separate application must be made for each place of business
- License fee for each place of business is \$5.00
- Make checks payable to State of New Hampshire
- Meals and Rentals tax licenses are **not** transferrable
- Incomplete applications or applications without \$5.00 fee will not be processed
- Retain the last copy of this form for your records

PLEASE TYPE OR PRINT CLEARLY

DO NOT WRITE IN THIS SPACE THIS BOX FOR OFFICE USE ONLY	License No. _____
	Date Issued _____
	Filing Requirements _____
	<b>\$ 5.00 FEE</b>
	CITY _____
	COUNTY _____

1	BUSINESS NAME	
<div></div>		
2	CORPORATE NAME, PARTNERS NAMES OR PROPRIETOR'S NAME	
<div></div>		
3	MAILING ADDRESS (ABBREVIATE WHEN POSSIBLE)	
<div></div>		
4	CITY OR TOWN	STATE ZIP CODE
<div></div>		<div></div>
5	Type of Legal Organization <input type="checkbox"/> ① Proprietorship <input type="checkbox"/> ② Corporation <input type="checkbox"/> ③ Partnership <input type="checkbox"/> ④ Fiduciary <input type="checkbox"/> ⑤ Non-Profit	
6	Federal ID Number _____ - _____	
7	List Individual Owner, Partners or President and Treasurer	
	Name	Title Social Security No. Home Address
<div></div>		
<div></div>		
<div></div>		
8	Business Phone No. ( ) _____ Home Phone No. ( ) _____	
9	Business Location in NH _____	
	STREET	CITY
10	Proposed opening date ____/____/____ 11 Type of business activity _____	
12	Is the business seasonal? _____ If yes, what months will it operate? _____	
	<input type="checkbox"/> Check here if you are requesting permission to file returns on a seasonal basis (less than twelve returns per year).	
13	Prior business name _____ Prior Owner _____	

### ACH DEBIT AUTHORIZATION FORM

FOR OFFICE  
USE ONLY

14 Bank Name	15 Bank Routing & Transit Number
16 Name on Bank Account	17 EIN/SSN on Bank Account
18 Bank Account Number	19 Account Type (check one) Statement Savings <input type="checkbox"/> Checking <input type="checkbox"/>

**You must provide a copy of a voided check or a saving withdrawal slip for this account.**

I hereby certify that the above given information is true and correct and in conformity with applicable state laws.  
I hereby authorize the New Hampshire Department of Revenue to initiate variable debit entries to the bank account and the depository named above.

Signature	Title	Date
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Mail To: Collections Division, PO Box 454, Concord NH 03302-0454. Telephone No. (603) 271-3701

Form CD-3  
Rev. 5/99